

ON
SYPHILITIC ERUPTIONS,

WITH ESPECIAL REFERENCE TO THE

Use of Mercury.

ILLUSTRATED BY CASES.

BY

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PREFACE.

PERHAPS no greater service could be rendered to medical science than that of pointing out the precise conditions on which the therapeutic energies of mercury can be brought to bear safely, efficiently, and permanently upon the various forms of secondary and tertiary syphilis. The author of the following observations is too well and too painfully acquainted with the difficulties of the subject, as well as with the mind of the profession, (naturally and necessarily cautious in the admission and adoption of novel theories) to hope that he will live to see any important advances towards unity of opinion on the hackneyed subject of this essay. But it seems to him that the next generation will have less difficulty in discovering their truth. The general failure of the non-mercurial treatment has already manifested itself in a fearful increase of hereditary syphilis in every rank of life, in both sexes, and at all ages. A very large proportion of the cutaneous affections met with, both in hospitals and private practice, are unquestionably syphilitic; and if the wide-spread existence of an hereditary taint is to be attributed to the non-mercurial treatment of the parents—and if the disease has no certain tendency to wear itself out, but may be transmitted by the blood

from generation to generation, a heavy responsibility certainly rests upon the medical profession. The excessive, and indiscriminate use of mercury in the last century was as unnecessary as it was barbarous. It fell heavily on the culprit; sacrificed oftentimes his teeth, and sometimes his life; but it did not visit on the children the sins of their fathers. A surgeon of the highest eminence has, within the last few years, declared an opinion, that of late mercury has been too sparingly used in these diseases. If the present generation of surgeons do not become convinced of the truth of this opinion, and do not put it into practical operation as they have opportunity, it is much to be feared that posterity will re-echo the theory under accumulated evidence of its truth.

There is reason, however, to hope that some degree of reaction has already taken place in the practice of the profession. The author, with a view to obtain further information on this point, took a recent opportunity to propound his views before a numerous meeting of the Fellows of the Medical Society of London; not one of whom on that occasion* present, advocated, as a general rule, the non-mercurial treatment of secondary symptoms. On the contrary, not only were most of the facts brought forward by the various speakers obviously in favour of the author's views, but a general impression of the soundness of those views was manifested in the tone of liberality and kindness with which they were listened to and discussed.

The mode of administering mercury, described in the following pages, may not be wholly new, but it is certainly uncommon; and if upon trial it shall be found effective, the more formidable

* Nov. 16, 1850.

objections to the use of mercury will be entirely obviated. If the mineral is capable of removing all traces of the disease, and all tendency to its recurrence, not only without salivating the patient, but without injuriously inflaming the gums—and if its therapeutic action is that of a tonic, and not (as has been asserted) that of a poison, then the unfounded prejudice, as well as the salutary fears which have hovered over the exhibition of the remedy, may both be expected to die a natural death. Cases there yet will be, in which the medicine cannot be borne with impunity, but they will be so rare as to offer no objection to the general principles which must, within certain limitations, guide our treatment. And if it shall appear that the non-mercurial treatment of syphilitic eruptions is more fraught with danger both to the patient and his offspring than even the unsparing exhibition of mercury, given with a view to salivation, how much more shall a moderate and harmless yet equally effective use of the medicine commend itself to general attention?

The divided state of medical opinion renders it necessary to preface these observations on the use of mercury in these diseases by a short review of the diagnostic marks of syphilitic eruptions, which are very often confounded with those idiopathic diseases of the skin, which they closely resemble in their primary forms. It has likewise been thought necessary to say a few words on the *prognosis* of these diseases, or the prospect which we are authorized to hold out to patients respecting their speedy or ultimate recovery.



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ON THE

DIAGNOSIS, PROGNOSIS, AND TREATMENT OF SYPHILITIC ERUPTIONS.

DIAGNOSIS OF SYPHILITIC ERUPTIONS.

It is very important to ascertain whether an eruption be syphilitic or not. But this investigation has nothing to do with the distinction between papules and scales, pustules and tubercles; for the poison of syphilis is capable of producing almost every form of eruption. Neither is it wholly a question of colour. The copper-colour, so strikingly characteristic of venereal affections of the skin, is by no means invariably present; nor is every copper-coloured eruption syphilitic in its origin, the hue of the affected portions being materially modified by the natural complexion of the patient. The diagnostic signs of syphilis do not lie on the surface, although the first glance frequently excites well-grounded suspicion. We must appeal to the history rather than to the hue, for evidence of the origin and nature of the disease.

Syphilis is well known to affect the tissues in a certain order; and there is often, but not always, much regularity in the time. Usually, there is first a primary sore, then a swollen absorbent gland, afterwards an eruption of maculæ, followed by an ulcer in the throat affecting the tonsils or velum, or, in other cases, the tongue or lips. The periosteum then becomes inflamed, and a node appears; subsequently the iris is affected; then a secondary eruption on the skin appears, frequently scaly or tubercular, particularly in the palms and soles in the form of lepra, and affecting the genitals and nates in the form of condylomata. At length the cartilages and bones of the nose, face, skull, or other parts, become carious.

When a patient has contracted syphilis originally, and appears before us with a suspicious eruption, we shall generally find upon inquiry, that

some or all of the above-mentioned parts have been affected, usually in the order which has been described. When, however, the disease is hereditary, the links of the chain cannot be so clearly traced, and the diagnosis may be difficult. Here, if we can gain any satisfactory knowledge of the health of either parent, it may materially assist our judgment. The eruption should awaken suspicion if it be copper-coloured, and if there be a tendency to ulceration; particularly if the ulcers burrow under the skin, and are partially covered with dull copper-coloured bands of integument. It may likewise be observed, that syphilitic eruptions rarely itch intensely, and as seldom assume a form of active inflammation.

In investigating the nature of venereal eruptions, we may easily be led astray. Various in their form and hue, and not less so in their degrees of severity, they have been described by authors under different names. Hunter wrote of "diseases resembling syphilis": Abernethy wrote of "pseudo-syphilitic diseases": modern writers distinguish between syphilitic and "syphiloid" diseases: Carmichael describes four kinds of syphilitic disease, both primary and secondary; and some of the French surgeons take similar views.

There are, however, many reasons for the belief, that, in this country at least, there is but one syphilitic poison; and that the mischief which this poison may effect depends, in individual cases, not so much on the intrinsic virulence of the poison itself (for of this we can know nothing), as upon the susceptibility of the patient. Some persons cannot be inoculated with it at all; in others it produces only a primary sore; in many it establishes a formidable disease; and a few are absolutely destroyed by it.

The most perplexing difficulties met with in modern practice, connected with the diagnosis of venereal affections, appear to me to arise from a too hasty adoption of the theory, that *mercury is capable of originating diseases similar in character to the secondary forms of syphilis*. Against this dogma, which, so long as it prevails, must necessarily involve the subject in a labyrinth of difficulties, from which there is no escape, I must beg most earnestly to protest, for these reasons:

1. Symptoms resembling syphilis are never observed to result from the use of mercury in cases in which syphilis has neither been previously contracted, nor inherited. No practice is now more common than the exhibition of mercury for various forms of inflammation affecting many of the organs or tissues. Mercurial treatment has, in fact, to a great extent, taken the place of depletion, and is very frequently pushed to ptyalism; and yet, to whatever extent the gums, or the salivary glands, or the bowels, become affected, we never find erup-

tions or ulcerations resembling syphilis, produced by this treatment. The cheeks and the gums, the lips, the throat, and the tongue, may all become the seat of mercurial ulceration; but the ulcers do not resemble those of syphilis. They are more superficial, less persistent, usually healing when the mercurial irritation subsides; and they never resemble syphilis in affecting distant parts in a certain order. In these and other respects they bear no resemblance whatever to syphilitic affections; and when the system is really free from lues, the difference between these mercurial ulcerations and the sores of syphilis, must be as obvious to the most superficial observer, as is the distinction between the *eczema mercuriale* and the *lepra syphilitica*.

II. The morbid effects of mercury are peculiar, and well-defined; and, with the exception of the ulcerations above described, do not even approach in character any form of syphilis; neither do they exhibit the slightest similarity to that disease. They are as follows: sore gums, salivation, loosening of the teeth, diarrhœa with griping, dysentery (or green mucous evacuations in children), extreme depression of the nervous system, accompanied with trembling of the limbs, infirmity of purpose, an undefined dread of evil or danger, with pusillanimity of mind, dyspepsia, rheumatism,¹ *eczema mercuriale*, etc.

III. The occasional aggravation of syphilitic disorders, under the administration of mercury, may be rationally explained, and fully accounted for, without supposing it capable of originating a chain of symptoms, the character of which (if not the full development) had been established in the system long before the administration of a grain of mercury. The mode in which mercury, when used in excess, aggravates the syphilitic action, will be hereafter explained, without adopting the lame and impotent conclusion, that the remedy is capable of producing a disease similar to that which it cures,—a conclusion which has always appeared to me to resemble more the visionary subtleties of homœopathy, than the sober realities of medical science.

¹ Rheumatism induced by mercury occasionally throws out nodosities in the neighbourhood of joints, but these are not easily confounded with the venereal node.

PROGNOSIS OF SYPHILITIC ERUPTIONS.

Syphilitic eruptions, like other forms of lues, generally discover, if left to themselves, a tendency to persist (with occasional intermission) through life; and they may be transmitted from either parent to the children. In a few cases, a spontaneous recovery appears to take place; and, in many, the eruption will disappear for a time under alterative treatment. But it will now be attempted to show that the spontaneous recoveries from syphilis are apparent only, not real.

There is no disease, the destruction of which it is so important to ascertain with certainty, as syphilis. An error here may not only spread unhappiness and desolation over the prospects of married life; but it may affect the health of the next generation. It is therefore impossible to exaggerate the value of well-considered and well-founded opinions on a subject which has been too much regarded as one of mere theory and speculation. The popular belief on the subject is strong, and calls loudly for attention. So anxious, and so properly anxious, are young men to know if, having once suffered from syphilis, they may safely marry, that there are few cases of monomania more common than *imaginary* lues; and the imaginary disease is far more difficult to cure than the real. One reason of this may be found in the unsettled state of medical opinion and the uncertainty of the prevailing mode of treatment.

The *vis medicatrix naturæ* is observed to relieve the system of certain morbid influences or agents, in one of three ways: by elimination, by decomposition, or by tolerance. Under the two former processes, the disease may possibly be cured; but, under the latter, it is only tolerated, or latent. We have no proof that the act of elimination ever occurs spontaneously, or otherwise, in lues venerea; we do not even observe an abortive effort to expel the poison, as occurs in primary syphilis, gonorrhœa, cholera, diarrhœa, diabetes, etc. Neither is there any reason to believe that the poison is ever spontaneously decomposed or neutralized.

The spontaneous recovery from syphilis, when it does occur, appears to be nothing more than a recovery *by tolerance*, consisting merely in the temporary abeyance of the diseased action excited by the presence of a poison to which the system has at length become habituated and reconciled for the time. This theory of tolerance is in perfect harmony with all the analogies of natural history, physiology, and pathology. The well-known fact that many mineral and vegetable poisons, such

as antimony, mercury, tobacco, and opium, become comparatively harmless by long usage, losing their toxical powers as the system becomes habituated to their influence, would sanction the anticipation that certain *animal* poisons also would become inert from the influence of time and habit : and so in fact we find it. An infected couple, both originally labouring under gonorrhœa, may cohabit until all symptoms of disease in both of them have vanished. Yet they are both capable of communicating the disease to a stranger. John Hunter relates several cases of this kind, showing that a woman, without any new infection, and without any symptoms of disease on her own person, may communicate gonorrhœa to one man, and not to another ; and he was of opinion, that the capability of communicating the disease is sometimes the only criterion of a woman having it herself. The late Mr. Hey, of Leeds, was of opinion that a person may infect another with the lues venerea after all symptoms of the disease have disappeared. And if a doubt may be entertained of the nature of the disease on which these opinions are founded, there is abundant proof in the history of syphilis, of its capability of existing in a latent form, as in the well-known circumstances attending the disease at Lisbon during the Peninsular war. At the time when our troops were stationed in that city, the disease existed among the inhabitants in so mild a form, that no mercury was necessary for its cure ; and the dancing girls, from whom our soldiers were infected, were well enough to pursue their avocations on the stage without inconvenience. Yet the disease which they communicated to our officers and men proved to be so terrible a form of syphilis, that it was called the “black lion”. It produced phagedenic or gangrenous ulceration of the genitals, and horrible mutilations. It was the opinion of some of the army surgeons, that this was a new disease, or at least a form of syphilis of unusual malignity. It is, however, much more rational to look upon it simply as syphilis, so well tolerated by the inhabitants as to become almost latent, but malign in its effects upon the soldiers from the exhausting influences of fatigue, excesses, and a new and sultry climate. This is quite conformable with the fact, that syphilis generally proves a severe disease upon its first breaking out in a country. In England it is certainly much less formidable than it once was. Less mercury will cure it, and it occasionally wears itself out ; but it is syphilis still, and its milder forms are often as treacherous as they are transient. A latent virulence lurks under the mask, which may burst out destructively when least expected. For this power of tolerance has its limits. It is limited to certain persons, to habits of life, to conditions of health, to climate, and sometimes to a generation. Thus, sometimes, syphilis

may be almost latent in the parent, but severe in the child. A mother may have no symptoms of syphilis in her own person, but may have a succession of still-born children all poisoned *in utero*, or born alive, covered with maculæ, and falling early victims to the disease. A father, in whom lues has become tolerated and latent, may beget a diseased child, who shall, if weak or scrofulous, suffer more than the father. Spontaneous recovery from syphilis is, therefore, in many cases, perhaps in all, an appearance, not a reality.

TREATMENT OF SYPHILITIC ERUPTIONS.

ALTERATIVE TREATMENT. The alterative cure of secondary syphilis, sanctioned as it is by the practice at some of the London hospitals, is probably of the same nature as the spontaneous recovery. Though the anti-syphilitic virtues of Plummer's pill, sarsaparilla, guaiacum, iodine, arsenic, and the mineral acids, are very questionable, these medicines evidently have the power of rendering certain subjects tolerant for a time at least, of certain forms of secondary syphilis. These agents will bring about the healing of ulcers, the dissipation of eruptions, and the reduction of periosteal swellings; and under this treatment, combined with a regulated diet, scores of patients, perhaps hundreds, are annually dismissed from our hospitals, apparently free from every vestige of disease. The Plummer's pill, although it contains calomel, does not appear to act mercurially, the sulphuret of antimony modifying its action. Indeed, the specific effects of mercury are not apparent; this treatment, therefore, is non-mercurial, and yet patients appear to recover under it. But do they really recover? Do they not frequently return again and again to the same hospital, or to some other hospital, and when again discharged, apparently cured, does it not frequently happen that the first exposure to the effects of intemperance, want, or cold, induces a relapse of the disease? Or, if it be tolerated for life, so that it does not re-appear in the person of the patient, is the wife safe; or, more especially, are the children of the patient safe? The question admits of great doubt. A large proportion of the cutaneous diseases met with in every station in life, are syphilitic. That a man can, without infecting his wife, transmit to his

children a syphilitic taint, is an established doctrine. Several cases of this nature are related by the older writers on surgery, and by some of modern date. Several, also, the validity of which no scrutiny can impeach, have occurred in my practice. I have seen syphilis in infants and in children of all ages, whose fathers had married after the non-mercurial treatment of the disease had effected an apparent cure. After marriage (in some cases several years after), secondary eruptions made their appearance. These were treated mercurially, and the result was most instructive. The wife escaped, as did also the children begotten *after* the mercurial treatment of the father; but the children begotten *before* the mercurial treatment were infected. In one instance, the child suffered more than the father. The father had psoriasis plantaris in a mild form; the child, a girl of ten years of age, had iritis, sores about the nostrils, and a scaly eruption on the scalp. All these diseases, together with that of the father, yielded to active mercurial treatment, and to no other; iodine, sarsaparilla, and other remedies of that class, having proved perfectly inert. Several children, begotten and born after the mercurial treatment of the father, were perfectly healthy, nor was any trace of disease to be found in the mother. In another striking instance, a married man contracted syphilis. The primary sore readily healed under simple treatment. Secondary symptoms appeared, which ultimately yielded to active mercurial treatment. In the interval between the healing of the primary sore, and the subsequent mercurial treatment, a female child was begotten. This child was born apparently healthy, but, as she grew up towards womanhood, suffered from sore throat, scaly eruptions, sores about the nose, and other unequivocal symptoms of syphilis. Subsequently to the mercurial treatment of the father, several children were begotten, but not one of these has been affected. And two elder children, born before the father contracted syphilis, have been also entirely free from the disease, together with the mother, who was fortunate enough to escape infection in the first instance.

Nothing is more common than for middle-aged men and women who are afflicted with secondary syphilis, to deny that they were ever affected with a primary sore; sometimes admitting that they have deserved to contract the disease, but denying that such has actually occurred. Assuming that some of them report falsely, common sense claims a certain proportion of these cases as cases of hereditary syphilis, breaking out for the first time in middle age in the form of secondary symptoms.

In the instances which have fallen under my notice, I have generally found alterative treatment useless, and mercury all-sufficient; and the

conviction has been more and more forced upon my mind, that the non-mercurial treatment of secondary syphilis may be generally regarded as an inefficient and ineligible practice; inefficient as regards the patient, and ineligible as tending to infect large masses of the community with hereditary syphilis. The disease may be, and often is, mild in its hereditary forms, and it may possibly wear itself out in a generation or two; but this by no means always happens. It aggravates the strumous habit when it happens to come in fellowship with it; and probably is at the foundation of many cutaneous and cachectic disorders, the character of which is undefined and unsuspected. One cannot, therefore, but deprecate a practice which allows the blood to remain vitiated and tainted, from generation to generation, with the presence of an animal poison, which we have, in most cases, the power of destroying at once and for ever.

MERCURIAL TREATMENT. The prevailing objections to the use of mercury in syphilitic diseases may be thus summed up: 1, That it occasionally produces lesions more formidable than the disease for which it is prescribed; 2, That its use is not generally necessary to their cure; 3, That besides being unnecessary and injurious, it often proves inefficient and inert.

That there is much of real truth in these objections, no practical man can deny; but there is likewise much fallacy. For as these diseases, in their secondary forms at least, rarely get soundly and permanently well without mercury, it may be said to be generally necessary to their cure. And if rightly and vigilantly administered, it is generally successful. But both its safety and its success will be found to depend very much on its *mode of administration*, by which term is intended to signify something more than its *mode of introduction* into the system; for this, except in peculiar cases, appears to be of little consequence.

Our success in administering mercury may be very much limited by erroneous views of its mode of action. The mineral and the disease have been regarded as two antagonising poisons; the poisonous influence of the mineral counteracting that of the disorder, by setting up in the system a morbid action of a different kind, and incompatible with it. On this theory it would appear that the more disastrous the effects of the medicine, short of the actual destruction of life, the more perfect would be the safety of the patient. The more he is poisoned by the mineral, the less would he be poisoned with lues. And in the event of the disease becoming aggravated by the severity of the mercurial course, it would be necessary for the truth of the theory, to hold, that the original disease having been vanquished by so much

mercury, the existing symptoms must be the symptoms of a *mercurial disease*.

The true theory is probably the very reverse of this. It is very doubtful whether any real advantage is derived, in any case, from the morbid effects of drugs. Disease may succumb in spite of such influence, but not in consequence of it. If a poisonous drug is allowed to do mischief, it has probably been given in excess. A smaller quantity would have accomplished our therapeutical purposes, not only as well, but probably more efficiently. It is in the right dose of a medicine that its real value consists; and too much study cannot be given to this all-important point. As a general rule, the doses in which we are accustomed to exhibit poisonous remedies, are perhaps not only large, but injuriously excessive.

Mercury belongs to the class of mineral tonics, which, in excessive doses, become irritants, and, in large doses, poisons. Its tonic action ceases when irritation is excited in the tissues. In order to avail ourselves of the full benefit of tonics, our attention must constantly be directed to their special properties and peculiarities of action. There is in the organic system an inherent tendency to health. Disease is an accident; a breach in the economy, which nature is ever intent on repairing. But in this she sometimes fails; and the design of tonics is to supply what is wanting. There is sometimes a deficiency of pure healthy blood; and the preparations of iron restore that fluid to a healthy condition. In other cases, the blood contains an amount of poison; and some tonic must be selected which is capable either of eliminating or decomposing the poison. Mercury probably acts by producing some chemical change in the blood, which renders the poison inert for a time, and, under careful management, for life. But as the salts of iron are liable to create disturbance in the functions, if given in excessive doses, under which circumstances their tonic effects cease, so mercury must be so administered as not to depress the powers of the system, which are required for the destruction of existing disease. So long as the general system does not suffer from the mercurial poison, it will remain capable of taking advantage of the special effects of the mineral as exerted on the morbid condition of the blood. But when the gums become sore, or the bowels disturbed, there is here a new source of irritation and debility. The animal poison may have been in part neutralised; but, if the strength of the system be sacrificed to the action of the mineral poison, it will no longer be able to contend with the original disease, which, although less virulent in its nature, may become more destructive in its effects. It often happens, that syphilitic symptoms will yield under a course

of mercury up to a certain point; the disease will then become stationary, and, if the medicine is persevered in, the symptoms will become aggravated. Sores which were healing will again ulcerate, dissipated eruptions will re-appear, and the patient may even fall into a worse condition than before. And yet the disease is as purely syphilitic as ever it was, and as ready to yield to mercury, if rightly administered; but the system being for a time deranged by its excessive administration, the *vis medicatrix naturæ* is paralysed, and the disease is triumphant.

But, apart from theory, the case is practically this. Mercury generally exerts a salutary influence over syphilitic eruptions; but only for a time. It then does harm. Whatever be the reason of this, the practical conclusion is plain. We must then desist; and, if necessary, renew the treatment when the system has recovered from the shock. It is much safer to administer an active remedy, under the guidance of the observable phenomena of its action which present themselves to our notice, than in obedience to any theory deduced from extraneous sources. That the latter method has been prevalent, both in the excessive, and in the too sparing, use of mercury, is but too apparent.

Every mineral used in medicine has some peculiarity of action, which can only be understood by long and attentive observation; and without a familiarity with these habitudes, we use the medicine at great disadvantage. Too much attention cannot be given to this subject. In order to show its important bearing, the action of mercury may be contrasted with that of arsenic. Thus:

ARSENIC

Produces its maximum of good by slow degrees, and by continued and prolonged exhibition.

Has a cumulative action, the system becoming more and more sensitive to its presence, and intolerant of its influence, in proportion to the quantity swallowed.

May be given until the patient will not bear the five hundredth part of a grain.

Affects the nervous system more readily at first, and afterwards the vascular system, the nervous tissues recovering their tone.

Should therefore be added to the blood drop by drop, *cautè et gradatim*, in diminishing doses.

MERCURY

Effects its salutary purposes often suddenly; always within a limited period; or, beyond that period, fails altogether.

Has no cumulative effects after the first few days; and the system becomes less and less sensible of its presence, and more tolerant of its influence, by its habitual use.

May be given until enormous quantities prove absolutely inert.

Affects the vascular system more readily at first, the nervous system suffering severely after a lengthened course.

Should be poured in suddenly, until it produces some effect, then as suddenly withheld for a time, and resumed, if necessary, with greater energy.

That the vascular system may be gradually inured to the influence of mercury, so that doses which at first had the power of salivating, may at length be administered without producing any sensible effect; and that, in order to excite as ready an action by a second or third course of mercury, as by the first, the dose must be increased, if not doubled, must be well known to every practitioner. It is also matter of common observation, that the salutary action of mercury on diseased structure, is nearly contemporaneous with the morbid action of the mineral on the gums or other tissues. Accordingly, the common practice has been, not only to make the gums sore, but to keep them sore for days or weeks together, with a view to the continued and protracted effects of the remedy on the disease. As it was once believed that copious ptyalism was necessary to insure the full benefit of the mercurial treatment, so of late it has been generally held, that a continued, though moderate, degree of soreness of the gums is a necessary condition. This opinion appears, however, to rest upon no better foundation than the former now long exploded notion.

Both the one practice and the other appear to be founded on the belief, that the morbid action of the mineral on the healthy tissues, takes precedence of its salutary action on the diseased structure. Many years' close and anxious observation have established in my mind the opinion, that this is an erroneous view. It is not easy to detect, in an ulcer or an eruption, the first appearances of healthy action; and it is clear that healthy action must exist for some little time before it becomes apparent. If, therefore, the gums first become tender, and the ulcer first presents an improved appearance, on one and the same day, it is fair to presume that the healthy action had been actually set up on the previous day, that is, antecedently to the morbid action on the gums. But further, close observation will generally reveal the fact, that the very appearance of improvement in the diseased parts exists before the gums are in any degree affected. The mercury has effected the good before it has effected the evil. The soreness of the gums; therefore, is a sign, not merely that the mercury has been pushed far enough, but that it has been pushed *farther than was necessary* for the establishment of healthy action in the diseased parts. If a drachm of strong mercurial ointment has been used every night for five successive nights, and if, on the following day, healthy action is substituted for diseased; and if, on the sixth night, the inunction is continued, the gums becoming slightly sore on the following day,—in such a case as this, the mercury has been continued two nights longer than necessary: for the healthy action, which became apparent after the fifth night, must have existed the day before, though

unobserved; consequently disease had been actually arrested by the fourth inunction; and the healthy action thus set up, would doubtless have continued, for a time at least, if the mercury had been omitted on the fifth and following nights. The injury inflicted on the gums, therefore, was wholly unnecessary to the immediate restoration of health. The effect has been sudden, and probably instantaneous,—but will it be lasting? Probably not; and the practical question is: Would the effect have been rendered, in any degree, more permanent or satisfactory, by persevering in the mercury? It is now pretty well agreed, that no advantage would have resulted from salivation; for sores which had become healthy at the commencement of a mercurial course, have been but too frequently observed to retrograde under a protracted ptyalism. And the same thing has been observed under a mild but long-continued course, affecting the gums but slightly.

Under the mercurial irritation in any and every degree (whether from the consequent exhaustion of the *vis vitæ*, or from whatsoever cause), the latent virus, if any exists in the system, is liable to break out in an aggravated and destructive form. It is, therefore, not only useless, but in some degree dangerous, to persist in the use of mercury for a single day beyond the date of a visible improvement in the disease. It is, however, often necessary to have recourse to a second course, or even a third or a fourth, in order to effect the final destruction of the disease. Each succeeding course must be more energetic than its predecessor; otherwise little or no effect will be produced. The courses should also be short and distinct, and should be so managed as to arrest disease without disturbing the general health. The case should be watched *day by day*, and an improvement in the disease, ever so slight, be it real and satisfactory, should be regarded as the signal for arresting the course. Then aperients and tonics should be substituted for the mercury; and the very first appearance of a return of the disease indicates the necessity of a renewed administration of mercury in doses twice as large as the first. By this means disease may often be arrested in an incredibly short time; and when the system is again purged from the mercury, a third course may be administered as a preventive, suspending the mineral as soon as fetor is observable in the breath, or a bitter metallic taste complained of by the patient.

The whole of this practice, which has proved very generally successful, is founded upon the fact, that the action of mercury on the disease is sudden, and of short duration. It is that of a shock; and the impulse appears to be expended upon the organic nerves. In what way such an action on these nerves can permanently destroy a

blood disease, it may not be easy to explain :¹ but that the final results are not compromised by the limited duration of the mercurial action is quite certain. Indeed, the radical cure of the disease never proves so difficult as where mercury has been administered in large doses for many consecutive months. The debility thus produced too often renders the system a helpless victim to the disease. Whereas, by short and vigorous courses, the vital powers are roused and invigorated, the appetite is increased, the digestive organs become active, sleep is procured, and the disease appears to yield rather to the *vis medicatrix naturæ* than to any specific anti-syphilitic virtues inherent in the mineral.

These views may appear opposed to the experience of many practical men, who, failing to effect a radical cure of syphilis by a short course of mercury, have seen the disease annihilated at length by a persevering use of the remedy for many weeks together, to the severe injury of the gums. Such cases occurred in large numbers in the early part of my practice; and it was once my opinion, that the benefit was due to the unremitting use of mercury. More recent experience, however, has made it evident, that the disease would have yielded quite as fully to a shorter course, and that the benefit derived from the continuous use of mercury, was all due to the shock produced at the commencement of the course.

A very powerful, yet incidental, illustration of the principles above enumerated, has been furnished by a recent publication from the pen of Mr. Langston Parker. This gentleman has found that by a process of fumigation, the beneficial effects of mercury may be secured with more certainty and less inconvenience than by the usual methods. The advantage is evidently derived from the rapidity of absorption and consequent suddenness of effect. Mr. Parker's practice must, of course, be limited by its attendant inconveniences; but the principle is capable of almost universal appliance. We have had long experience of its value in the use of mercurial inhalation. The fumes of the oxides of mercury received into the fauces have been found to produce the specific effects of the medicine when the system has been proof against inunction. But it is easy to apply the principle to any mode of introducing mercury into the system, which it may be found convenient to adopt.

¹ The rapidity with which diseased action is exchanged for healthy, under the influence of mercury, reminds one of the chemical changes produced by galvanism. We know little as yet of animal chemistry; but if we look at the action of mercury as electro-magnetic we shall be able to account for many otherwise obscure phenomena.

It will be most needful, however, to be aware of the possibility of severely salivating the patient by an unguarded exhibition of a very few energetic doses. This danger will occur to the mind of every prudent practitioner, and will deter many from adopting the method of treatment above described. But the danger need only be foreseen to be avoided. We must make it our special business, before commencing the therapeutic course of mercury, to administer an experimental course, just to ascertain exactly the degree of mercurial susceptibility inherent in the constitution of the patient. This may be done in the most guarded way; and, if the patient is unusually susceptible, this first trial may prove therapeutical. If not, it will serve to indicate the dose which the patient will bear with impunity.

Neither must it be forgotten, that we now and then meet with a subject wholly and incorrigibly intolerant of mercury; and, even if we can coax the vascular system to bear it, we irritate the nervous tissues beyond endurance. These cases are rare exceptions to a very general rule. Strumous subjects also are apt to bear mercury ill; but by combining the mineral with the preparations of iron, and giving the patient the advantage of the coast, the open air, and a mild season, the difficulty is often overcome, especial caution being requisite lest the gums or glands should suffer irritation. When pulmonary tubercles are discoverable, even in a latent form, mercury is to be avoided. Nothing is so likely to promote their development and maturation as a mercurial course. When syphilis and phthisis co-exist, the case is hopeless.

Much importance is attached by some practitioners to the selection of the medicinal preparations of mercury; some giving the preference to one form or mode of introduction, others to another. Without depreciating the real value of these preferences, it may be questioned whether any general rule can be laid down. Every preparation has its objections as well as its advantages; but both the one and the other are casual, not inherent. The chloride is active and energetic, and invaluable in cases of iritis, where there is no time to be lost; but it is apt to create undue irritation in the bowels. Inunction is a safe and, generally, a sure mode of introduction. But it is a dirty and inconvenient practice; and now and then we meet with cases in which the absorbents of the skin refuse to perform their office: neither can we in any case ascertain how much mercury is actually absorbed. The blue pill is a mild and convenient form for the first course; yet it is liable to remain unchanged and inert in the bowels, or, on the other hand, to be converted into the chloride or bichloride. The latter preparation is often active and useful, but it fails in safe doses to create

the salutary shock so necessary to the full effect of mercury on the system. Fumigation, either general or local, presents perhaps more advantages, when it can be conveniently had recourse to, than any other mode,—but it is a difficult and delicate question, how to regulate the dose. It is my usual practice to begin the course with two or three grains of blue pill every night for three nights, by way of experiment. If this produces no effect, an aperient is administered, and after it, five or seven grains of blue pill night and morning, until its salutary effect becomes visible. In the second course, the dose is increased; in the third, inunction is preferred; in the fourth, inunction, together with frequent doses of calomel, with or without opium. In strumous cases, the bichloride, combined with the compound tincture of cinchona for adults, and the grey powder for children, with some preparation of iron, have been found most useful.

In all cases, regard must be had, not only to the original constitution of the patient, but to his present condition. Both plethora and anæmia are conditions highly unfavourable to the advantageous exhibition of mercury. In the former case, depletion must precede the mercurial course: in the latter, the preparations of iron may be combined with mercury, or otherwise administered.

CASES.

THE preceding observations are offered to the consideration of the profession in as brief and condensed a manner as possible, in order that they may be tested by cases already recorded, as well as by those of daily occurrence in the practice of every surgeon. It would indeed have been presumptuous in the author, to have drawn general conclusions on so many important points from the scanty facts furnished by the practice of an individual; and he has accordingly diligently inquired into the bearing of these views on the numerous cases already published by Hunter, Abernethy, Carmichael, and other distinguished surgeons; and he has been interested in observing how much more satisfactorily his own theory appears to explain a large majority of these cases, than the views of the various authors respectively, which the cases were selected to illustrate. Let the unprejudiced reader examine, for instance, the cases recorded by Mr. Abernethy in his *Surgical Observations on Diseases Resembling Syphilis*, the object of which especially is to prove that many diseases resembling syphilis so closely in their history and appearances that no surgeon can distinguish them, are nevertheless not syphilitic; and it will be seen at once that these cases prove only that some syphilitic affections will apparently get well spontaneously; that others are aggravated by a protracted mercurial course, and will recover on the cessation of the mercurial treatment, and that some will recover “suddenly” under the action of mercury, and relapse under its undue administration. It will be seen, in short, that by substituting the term “syphilitic” for “pseudo-syphilitic”, these cases may nearly all be adduced in support

of the important propositions set forth in the preceding pages. A singular example of the ease with which great minds may slip into the error of reasoning from dogmatic rather than inductive data, is to be found in the tenacity with which both Hunter and Abernethy clung to the notion that the nature of a disease as well as its name may be determined, not by its history and appearances, nor by the phenomena which we uniformly acknowledge as constituting materials for diagnosis, but—*by the quantity of mercury required to cure it*. It is not enough that mercury has cured it: if the quantity required for its cure was small, or the effect short of ptyalism, the disease was determined to be non-syphilitic. In fact, the effect of salivation on the disease was regarded by these writers as the only satisfactory diagnostic mark of true syphilis. If the disease recovered in proportion to the disastrous effects of mercury, it was syphilis; if, as often happened, it was aggravated by the mineral, it was not genuine syphilis. And this was the common belief only forty years ago!

The following cases will serve to illustrate the author's views, if they do not satisfactorily demonstrate their truth.

CASE 1. A gentleman, who had been many years married, but without children, requested my attention to his eyes, which he said were very weak. I observed the iris of the left eye to be triangular, and that of the right eye had lost its circularity. I prescribed five grains of blue pill night and morning, which he took for a week, by which time his eyes had become less painful, and the vision was improved. His gums were not affected. He then discontinued the pills, and the eyes got quite well in less than a month. A fortnight afterwards, a scaly eruption appeared in various parts of the body. For this he was directed to resume the blue pill. He did so, and the skin recovered, without the gums becoming affected. Soon afterwards a node appeared on the ulna: the eruption also returned, and shewed a disposition to ulcerate. He consulted two surgeons, *who both pronounced the disease mercurial*, and prescribed sarsaparilla.

Under this treatment his symptoms became aggravated; and when he came under my care, about nine months afterwards, the whole body was covered with burrowing ulcers; there were two or three nodes; he had restlessness and delirium at night; he was weak and emaciated, and became feverish at the close of the day. His appetite had failed altogether, the tongue was coated, the pulse rapid, and the whole case wore a very discouraging aspect. Although this gentleman denied, in a most emphatic manner, having ever contracted syphilis, and although his wife was free from disease, yet it appeared that he had been subject to obstinate sore-throats, and to copper-coloured eruptions.

I concluded, therefore, that his present symptoms were simply the result of the syphilitic poison; and as he had borne mercury very well, and had taken none for nearly twelve months, I ventured to prescribe three grains of calomel, with a grain of opium, to be taken every night. In forty-eight hours there was a marked improvement. He had had two quiet nights, the ulcers were all granulating, and a rapid process of healing commenced, which was completed in little more than a fortnight. About this time the gums became slightly tender, and the mercury was discontinued. But he took a short course afterwards as a preventive. This was in the year 1835; and up to the present time he has not had any return of the disease in any form; his health continuing robust, the pits and scars with which the face and whole body are covered, resembling those left by confluent small-pox, shewing the severity of the disease. Here then is a case in which syphilis probably existed in an hereditary form, checked rapidly on two occasions by small doses of mercury, cured at length by an active but short course, and probably prevented from re-appearing by a final and preventive course administered after the disappearance of the disease.

CASE 2. A tradesman, of middle age, requested me, in the year 1835, to cup him in the right hip, complaining of great pain in the joint. His left hip was already crippled, contracted, and ankylosed. He was pale and sallow, and had a deep scar on the forehead, with a deficiency of bone. His disease had been treated as a scrofulous affection; but I found on inquiry that although he had never had a primary sore, his father had died of syphilis, and he had, as a child, been subject to "scurvy", "brownish spots", and "sores"; likewise to sore-throats, pains in the bones, &c. I declined to take blood from the limb, but prescribed five grains of blue pill night and morning. In less than a week the pain in the hip was gone. He took the mercury one month, and discontinued it when the gums became tender. His health then rapidly improved; he became fair and ruddy, regained a degree of strength in the diseased limb, threw away his crutches, and has been, from that time to the present, a hale and healthy man.

CASE 3. A gentleman, æt. 33, presented himself to me, about seven years ago, the face and scalp being completely covered with a deeply copper-coloured eruption, which had, in various parts of the scalp, degenerated into ulcers. His general health was good, but he had suffered for some years from a train of symptoms evidently syphilitic, the origin of which was not very satisfactorily explained. He had taken Plummer's pill and sarsaparilla, together with the iodide of potassium and other remedies without benefit; but it did not appear

that he had ever taken mercury to any extent. A short, but energetic course of mercury, which rapidly, but not severely affected the gums, sufficed to restore healthy action in less than ten days; and in six weeks the ulcers were all healed, and the skin was rapidly recovering its normal appearance. His health has remained unimpaired to this time.

The foregoing cases, with many others on my note-book, afford proofs that syphilis may be permanently cured by moderate courses of mercury. We will now select cases to illustrate other points in the preceding essay.

CASE 4. About twenty years ago, a widow, in most delicate health, sent for me merely to request that I would prescribe for the racking pains in her limbs which prevented her sleep. She was upwards of sixty years of age, and had suffered from syphilis from an early age. She had ulcers (few of them of less diameter than a half-crown piece) on her head, arms, thighs, and legs. They were foul and deep, and surrounded by a dull copper-coloured margin. She had likewise nodes which were painful. Her gums were severely injured by mercury, which she said had always aggravated her disease. Her pulse was weak and rapid, her strength failing, and she was extremely emaciated; but her appetite was tolerably good. The bowels were irritable. I directed one drachm of the stronger mercurial ointment to be rubbed in every night; the strength to be supported by bark, sarsaparilla, wine, and opium, and the ulcers to be dressed with a cerate composed of mercurial ointment rubbed down with an equal bulk of extract of poppies. Her rest was then restored, and at the end of a week the ulcers were all healing, and some were already reduced to one half the original size: and as she did not complain of her gums, the mercury was ordered to be continued. For the next three days she continued to mend. Her appetite improved, her spirits and strength both increased rapidly, she drank bottled stout, took exercise in the open air, and gave every promise of returning health. But, unfortunately, the mercury, which should now have been suspended, was continued another week. The gums then became sore, and the ulcers rapidly assumed a more unhealthy aspect, and soon degenerated into a condition worse than at first. The mercury was now abandoned. I saw no more of her, but heard of her death two months afterwards. In this case the mercury might have restored her to health had I been acquainted with the proper mode of administering it; but I followed the usual plan, pushing it after it had begun to exert an injurious effect on the gums. The following melancholy case affords another example of the same once prevalent error.

CASE 5. Mr. —, æt. 40, had suffered severely for about nine years from syphilis. There were, when he came under my care, ulcers over his face, head, arms, and other parts, one especially on the os frontis, from which a foul, sanious, and copious discharge issued, the bone being carious. There was a node on the shin: the nose had been destroyed, the cartilage and bones having exfoliated. The breath was intolerably foetid, and he complained of restless nights. He had taken mercury occasionally, and always with benefit, but had been cautioned against its dangers of late. Six grains of the blue pill were directed to be taken night and morning, and a bark mixture with iodide of potassium twice in the day. In eleven days his medical attendant reported that his mouth was sore, that the ulcers were all healing, and that he had lost the nocturnal pains, but complained of severe pain in the head, which he attributed to the iodine. The iodine was ordered to be discontinued and the mercury to be persevered with. In three weeks from this time the pains in the head were reported to be more severe; he had rigors, a rapid pulse, a hot skin, and sickness. The mercury was now withheld, but the symptoms rapidly increased, delirium and high fever supervened, and he died comatose in forty-eight hours. A week before his death, the discharge from the ulcer on the frontal bone had ceased. The cause of his death is not very obvious; but the mercury was certainly pushed unadvisedly and unnecessarily. The multiplication of such cases as the above, which must frequently have occurred to the practitioners of the last century and the beginning of the present, fully accounts for the reaction of public opinion on the merits of the mercurial treatment. Many surgeons never administer it now except in alterative doses; and the present prevailing error is to administer it too sparingly.

CASE 6. Mrs. —, æt. 52, the wife of a shoemaker, reports that she contracted syphilis from her husband twelve months ago. Had first a sore on the right nympha, the cicatrix of which is deep and large. She had afterwards a swelling in the groin. This was succeeded by an eruption of "pimples" on the head, an ulcer in the throat, and another on the tongue, with pains in the shin bones and ears.

Nov. 4th, 1849. She has now a scaly eruption on the labia, and a considerable tumefaction of the septum of the nose, the right ala, the upper lip, and the surrounding integuments. These parts also exhibit a copper-coloured erythematous appearance, and an ulcer occupies the angle formed by the ala, which is covered by a dirty-looking scab. These parts are very painful, and prevent her resting at night. There is also an ulcer on the tongue. She has been under medical treat-

ment for twelve months, has taken bark, nitric acid, and other medicines, but has never had the gums sore, nor taken any mercury that she is aware of. She was directed to take five grains of mercurial pill night and morning.

Nov. 11th. Gums very sore; nose better; tongue healing; pudenda better; feels tolerably well in health; bowels quiet. She was directed to discontinue the mercury, and to substitute some cathartic pills, with sulphate of magnesia dissolved in the infusion of roses.

15th. Better every way; gums still sore. Continue the mixture.

23rd. Perfectly well in every respect.

CASE 7. Mr. —, æt. 26. This gentleman reports that about ten years ago he had a sore on the glans, which soon healed under a course of mercury, which was not sufficiently severe to affect the gums. There were no secondary symptoms at that time; but two years subsequently he had an eruption of pimples on the face, which still continue. For the last eight months he has likewise had blotches on the limbs, discharging a watery matter. These were treated with iodine, sarsaparilla, and arsenic, and externally with the ointment of nitrate of mercury, under which the discharge ceased; but there remained dusky patches in some parts of the skin, and in others an eruption of fine scales of a copper colour (*pityriasis syphilitica*), on account of which he consulted me. He was advised a brisk course of mercury, which he took for three weeks. It purged him slightly, scarcely affecting the gums, but the pimples and scaly patches are now entirely gone, except a recent patch on the right knee, which is rapidly recovering.

CASE 8. Mr. —, æt. 63, a widower, reports that he contracted syphilis in the year 1842. He was immediately salivated with blue pill, and the primary sore healed. Four or five months afterwards he got very wet, and “bumps” appeared all over the surface of the body, some of them containing matter. He consulted a surgeon, who prescribed little or no medicine. He then struck his shin, and a foul ulcer resulted; and wherever he happened to have the cutis denuded by accident, an ulcer followed. At this time red fiery bumps appeared in the forehead. In November 1849, a scaly copper-coloured eruption appeared in the face, and the throat and tongue became ulcerated.

April 2nd, 1850. He has now dusky copper-coloured patches on his face rather inclined to scale, and a similar appearance on the scrotum, nodes on both shins, an ulcer on the tongue, and a scab in the right nostril. He has taken no mercury for more than seven years; *all the symptoms having been imputed to the mercury he had previously taken.* A few months since, he took arsenic for a fortnight,

under which treatment the eruption increased, and this medicine was therefore abandoned. I resolved to try such a course of mercury as should not materially affect the gums; and, at his own wish, I allowed him to take the compound decoction of sarsaparilla and the iodide of potassium at the same time. Five grains of blue pill were ordered to be taken night and morning.

11th. He has taken the mercury one week; the gums are sore, and the bowels relaxed. The dose of mercury was reduced.

18th. Gums quite well. Face much better. Resume the full dose of blue pill.

20th. Griped, purged, and sick. Omit the mercury.

25th. Gums sore; skin nearly well; bowels costive. Take a dose of castor oil, and continue the sarsaparilla and iodine.

May 9th. The disease is quite well. He afterwards took a preventive course of mercury.

July 5th. Health established. He has taken no medicine lately, except aperients.

CASE 9. Mrs. —, æt. 25, a healthy young woman, the wife of a soldier. Three months after marriage, she perceived several little swellings “like blind boils” on the edge of the labia, extending anteriorly to the mons, and posteriorly to the perineum. She is not aware that her husband is diseased in any way.

August 28th, 1850. She was delivered of an apparently healthy child six weeks ago. She has now an eruption of copper-coloured maculæ on the arms. There is an excoriation on the internal surface of the labia, the tubercular eruption is apparent as above described, and she complains of great debility. Five grains of blue pill to be taken night and morning, with syrup of sarsaparilla and Huxham’s tincture of bark.

Sept. 7th. Maculæ quite well; tubercles very much better; gums not affected; bowels undisturbed: she feels stronger. Discontinue the tonic, and double the night dose of blue pill.

11th. Spasmodic pain in the abdomen, gums slightly tender. Disease quite well. Discontinue the blue pill. Take a dose of castor oil and an opium pill.

16th. The gums are still sore. In other respects she is perfectly well.

Oct. 12th. The patient continues well, but the child (which she nurses) has an eruption of a scaly nature on the face and nates. It is three months old. A grain of the hydrargyrum cum cretâ was prescribed to be taken night and morning, which cured it in a week.

Dec. 18th. The mother has a rupial eruption on the face and neck.

and her lips are ulcerated. The tongue is loaded. Take a dose of aperient pills, and the sulphate of magnesia in infusion of roses twice a-day.

31st. Face no better. An ulcer has appeared on the left labia. Pil. hydrarg. gr. vj. ter in die.

Jan. 4th, 1851. The face is better to-day, and began to improve yesterday. The progress of the ulcer is also arrested. A slight metallic taste in the mouth to-day. Continue.

6th. No change. Gums unaffected. Pil. hydrarg. gr. xij. ter in die.

8th. Face better; sore healing; breath affected with the mercurial fœtor; gums slightly sore. Spasmodic pains in the bowels. Discontinue the pills.

12th. Colicky pains severe: the skin is jaundiced. (This symptom appeared during the former course of mercury.) She is costive. A dose of castor oil was prescribed.

14th. Jaundice gone; pain subsided; ulcer healing; face mending; gums not sore. A drachm of the stronger mercurial ointment to be rubbed in night and morning.

21st. Face rapidly mending; gums slightly sore. Discontinue the mercury: resume the rose mixture.

Feb. 18th. Nearly well every way.

This case shows that where the system does not bear mercury well, it may become inured to it; and the disease will readily yield to repeated courses, each of them so administered as not to affect the gums severely, nor otherwise injure the health.

CASE 10. A medical practitioner in Newfoundland, aged 33, of sanguine temperament and excellent general health, came over to England, in the summer of 1849, for advice respecting an ulcerated leg. He had had from birth a scaly eruption in various parts, and the legs for the last six years had been the seat of extensive ulceration. The sores broke out first in the right leg, which healed spontaneously; but it was no sooner skinned over than an ulcerative process commenced in the left leg.

Aug. 10th, 1849. The whole of the anterior surface of the left leg is covered with deep, sloughy, ragged sores, varying in size from that of a sixpence to that of a halfcrown piece. Some of them are burrowing ulcers covered by copper-coloured bands of integument; and the whole limb is edematous, the greater part of the surface exhibiting a dull brown, or livid erythematous appearance. The veins are not varicose. The sores are ten or twelve in number, and they are frequently healing and breaking out afresh. Since they have discharged freely, the scaly eruption, which was general, has disappeared. The

patient reports that he has a brother similarly affected. His father is an army surgeon. Every kind of treatment has been tried except mercury. Although aware of Mr. Abernethy's opinion that burrowing sores are not syphilitic, I was at once convinced that this was a case for mercurial treatment; and in this opinion my friend Mr. Tobias Browne, of Camberwell, who introduced the patient to me, fully concurred. Five grains of blue pill night and morning, and a cerate composed of equal bulks of the ung. hydrarg. fort. and extract. papaveris as an application to the wounds, was the treatment decided upon.

15th. He has taken eight pills: the ulcers are already granulating, but there is no soreness in the gums, nor any proof, except the state of the sores, that the system is under the influence of mercury. The night dose to be doubled.

22nd. He has taken twenty pills. The gums are not yet sore, nor the bowels affected; but he has an unpleasant taste in the mouth when he wakes in the morning. The leg is less swollen, and the ulcers are all filling up and healing rapidly. Continue the pills.

29th. Gums not yet sore, ulcers healing, but more languidly. Rub in a drachm of the stronger mercurial ointment every night, and continue the pills, ten grains at night and five in the morning.

Under this treatment the gums became slightly sore, and the ulcers all healed rapidly. He left England with a sound skin, and has recently written from Newfoundland reporting that it remains sound and well, except that the limb is still in some degree swollen.

CASE 11. A carpenter, æt. 36, consulted me in the year 1830. He had contracted syphilis at the age of twenty, and supposed he had been cured; but for the last fourteen years he had been frequently laid up with ulcers on the legs. Upon examination, I found that the appearance of these sores so exactly corresponded with that of the case last related that further description is unnecessary. All the ulcers healed rapidly under a brisk course of mercury. Twenty years have elapsed since the mercury was exhibited, and there is reason to believe that the disease has not returned.

The last two cases are samples of a very common kind of ulcerated leg which will not yield to mechanical or surgical treatment, and the syphilitic character of which is frequently overlooked. The medical patient (Case 10) never once suspected that the disease was syphilitic, as he had never suffered from the primary forms of that disease.

The last six cases, as a whole, present a good sample of the various modifications of lues, (all arising from the influence of one and the same poison), which are found in different constitutions, temperaments,

and states of health; all curable by mercury and by no other means, yet all requiring care and management, adapted to the peculiarities of each case.

I shall conclude with the relation of a single case illustrative of the difficulties of diagnosis often presented by syphilitic eruptions, especially when occurring in females.

CASE 12. A surgeon requested my opinion concerning a scaly disease of the skin in the person of a young female of respectable station and connexions, in which arsenic had been administered without benefit. The eruption was not copper-coloured, but it wore a dull and suspicious appearance, as contrasted with the fair skin and rosy lips of the patient. I inquired if she had suffered from chronic sore throat. She replied in the affirmative. Upon examining the fauces, one of the tonsils was observed to be deeply scarred. Upon my inquiring if a swelling in the groin had ever been observed, she hesitated; and then indignantly denied ever having had intercourse with the other sex. But after a little circumlocution it was with difficulty brought to her recollection that she once had a sore place on the genitals which she could by no means account for. Examination discovered, upon the right nympha, the deep cicatrix characteristically described by John Hunter as the result of the genuine syphilitic sore. The scaly disease yielded readily to a short course of mercury.

